as well as the highly ambitious Beethoven Project, which has served as models for the development of training and service programs across the country. He helped to establish Zero to Three, a national nonprofit charitable organization whose mission is to strengthen and support families, practitioners and communities to promote the healthy development of babies and toddlers. He was the moving force in the establishment of the Harris Graduate School of Public Policy Studies at the University of Chicago. His vision and leadership have earned him appointments to the National Commission on Children and the Carnegie Corporation of New York's Task Force on Meeting the Needs of Young Children. For his efforts, Irving has been awarded 10 honorary degrees.

He has been, and continues to be, a champion for children and families everywhere. It is with great pride that I rise today to congratulate Irving. I also would like to extend my sincere thanks and appreciation for his many contributions and best wishes for continued-health and success. Our Nation's children thank you and wish you a happy birthday.

PERSONAL EXPLANATION

HON. J.D. HAYWORTH

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 26, 2000

Mr. HAYWORTH. Mr. Speaker, on Thursday, July 20, 2000, I missed rollcall votes 421, 422, 423, 424, 425, 426, 427, and 428 because I was attending to congressional business in my district. Had I been present, I would have voted ''aye'' on rollcall vote 421, ''no'' on rollcall vote 422, ''aye'' on rollcall vote 423, ''no'' on rollcall vote 424, ''no'' on rollcall vote 425, ''no'' on rollcall vote 426, ''aye'' on rollcall vote 427, and ''aye'' on rollcall vote 428.

INTRODUCTION OF THE CHRONIC ILLNESS CARE IMPROVEMENT ACT OF 2000

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, July 26, 2000

Mr. STARK. Mr. Speaker, in our aging society, it is beginning to dawn on millions of Americans across the country that chronic illnesses are now America's number one health care problem. Yet because our health care system has been designed around meeting the needs of acute, not chronic illness, our system of services for those with Alzheimer's, diabetes, and other major conditions is both fragmented and inadequate.

To be successful, 21st century health care must be reorganized to maximize the intelligent use of those protocols and procedures that can most effectively control and slow the rate of chronic illness progression. This can only be accomplished if treatment for chronic conditions is consciously and carefully integrated across a range of professional providers, caregivers and settings.

This integration of services for chronic illness care is at the heart of the Chronic Illness Care Improvement Act of 2000 that I am introducing today.

It is a major bill, designed to focus debate on the need to provide comprehensive and coordinated care for people with serious and disabling chronic illness. I am introducing this Medicare measure this summer to invite comments, ideas and suggestions for refining this bill so that it can be re-introduced at the beginning of the 107th Congress, with bipartisan sponsorship. The bill I am introducing today is the result of months of consultation and work with numerous senior, illness, and health policy groups. I hope that it will receive the endorsement of many groups in the days to come.

The bill has four titles and is phased in over a number of years. Why? Because we know a lot about the management of chronic illness—but in truth, the comprehensive national program that is so desperately needed will require long range planning and implementation in phases.

Therefore, Title I creates a temporary Commission to study and recommend solutions to the complex issues involved in coordinating and integrating the diversity of healthcare services for the chronically ill.

Title II lays the groundwork for a full, comprehensive care program by establishing the databases and infrastructure we will need to provide high quality care to those with chronic illness.

Title III launches two major prototype chronic disease management programs-one for diabetes and the other for Alzheimer's disease. Once we learn from the experience of these two prototypes, the Act calls for expansion to a high quality national program for management of other serious and disabling chronic illnesses.

Title IV promotes coordination of care for dually eligible beneficiaries by streamlining the processes of obtaining waivers and determining budget neutrality of combined Medicare and Medicaid programs.

WHY A PROGRAM TO IMPROVE THE CARE OF CHRONIC ILLNESS IS NEEDED

Do you know someone who has diabetes, high blood pressure or a heart condition? Perhaps someone who is important to you suffers from arthritis, asthma or Alzheimer's disease. All of these problems have one thing in common-they are chronic illnesses. Once these problems begin, they stay with you and many of these problems inevitably progress over time. What most people don't know is that chronic illness is America's highest-cost and fastest growing healthcare problem accounting for 70 percent of our nation's personal healthcare expenditures, 90 percent of all morbidity and 80 percent of all deaths.

Yet while chronic disease is America's number one healthcare problem, care for those with chronic illness is provided by a fragmented healthcare system that was designed to meet the needs of acute episodes of illness. We cannot deliver 21st century healthcare with a system that was designed a half century ago, before angioplasty or bypass surgery for heart disease and before L-dopa for Parkinson's disease.

Medical discoveries like these have transformed many illnesses from rapidly disabling conditions to chronic conditions that people live with for a long time. But the healthcare system that works for a devastating heart attack does not work for chronic illnesses that need a totally different group of services, including long range planning, prevention, coordination of care, routine monitoring, education, and self-management.

The acute care model is a mismatch for the needs of chronic disease and the result is that people with chronic conditions receive healthcare that responds to crises rather than preventing them. The fact is we know a lot about the natural course of chronic illnesses like diabetes and arthritis. We have learned the all-too-common scenarios that result in complications such as an amputation in the diabetic or a stroke in the person with uncontrolled hypertension. Delaying stroke by 5 years would yield an annual cost savings of 15 billion dollars, yet we continue to shortchange the ounce of prevention that is worth a pound of cure.

The patients know what is wrong with the system—they tell us our healthcare system is disjointed and a nightmare to navigate. They want more information about their condition, more emotional support, and more control of their care. They deserve better communication and integration of care amongst their many healthcare providers who currently function to deliver separate and unrelated services, even though they are providing care to the same person.

But none of this will happen in a medical system that does not reward quality of care for chronic illness. Our healthcare system does not reward preventive care or continuity of care. Neither do we reward early diagnosis, interdisciplinary care, emotional counseling or patient and caregiver education.

The cornerstone of quality healthcare for chronic illness is long-range planning and prevention, yet the Congressional Budget Office currently has no mechanism to measure cost-effectiveness over extended periods of time. Unless we recognize that an upfront investment in the early and middle stages of chronic illness will pay dividends over the long term, we will continue to be caught in the vicious cycle of responding to crises rather than anticipating and preventing them.

There is increasing recognition of the looming problem of providing long-term care to the growing number of senior citizens, but little awareness that better care of chronic illness beginning at the time of diagnosis is the most effective strategy to prevent the progression of disability and loss of independence. Join me in supporting The Chronic Illness Care Improvement Act of 2000 to bring excellence to the care of chronic illness, just as Medicare has already achieved for acute illness. This legislation will put our emphasis where it belongs—on proactive strategies that will prevent complications and disability before they happen.

This is a systems problem that requires a systems solution. Disease management of chronic illness will only succeed if financial, administrative and information systems are developed to support it. Our current healthcare system locks into place fragmentation and duplication of services. We must strive to align financial incentives among healthcare providers to achieve common care, quality and cost objectives. We can improve the quality of care while reducing costs by reducing duplicative and unnecessary services and by preventing complications and loss of independence.

The healthcare challenge of this new century is to design a Medicare system that